

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

In re:

MEEHAN, JONATHAN S.

KASTNER, KRISTIN R.

Debtor(s)

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§ Case No. 15-22996 DRC

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CHAPTER 7 TRUSTEE'S FINAL ACCOUNT AND DISTRIBUTION  
REPORT CERTIFICATION THAT THE ESTATE HAS BEEN FULLY  
ADMINISTERED AND APPLICATION TO BE DISCHARGED (TDR)

Elizabeth C Berg, Chapter 7 Trustee, submits this Final Account, Certification that the Estate has been Fully Administered and Application to be Discharged.

1) All funds on hand have been distributed in accordance with the Trustee's Final Report and, if applicable, any order of the Court modifying the Final Report. The case is fully administered and all assets and funds which have come under the trustee's control in this case have been properly accounted for as provided by law. The trustee hereby requests to be discharged from further duties as a trustee.

2) A summary of assets abandoned, assets exempt, total distributions to claimants, claims discharged without payment, and expenses of administration is provided below:

Assets Abandoned: 106,600.00

Assets Exempt: 87,990.54

(Without deducting any secured claims)

Total Distributions to Claimants: 55,278.01

Claims Discharged

Without Payment: 113,527.89

Total Expenses of Administration: 9,221.99

3) Total gross receipts of 78,500.00 (see **Exhibit 1**), minus funds paid to the debtor and third parties of 14,000.00 (see **Exhibit 2**), yielded net receipts of 64,500.00 from the liquidation of the property of the estate, which was distributed as follows:

	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
SECURED CLAIMS (from <b>Exhibit 3</b> )	NA	56,261.73	50,937.16	50,937.16
PRIORITY CLAIMS CHAPTER 7 ADMIN. FEES AND CHARGES(from <b>Exhibit 4</b> )	NA	9,221.99	9,221.99	9,221.99
PRIOR CHAPTER ADMIN. FEES AND CHARGES (from <b>Exhibit 5</b> )	NA	NA	NA	NA
PRIORITY UNSECURED CLAIMS (from <b>Exhibit 6</b> )	NA	NA	NA	NA
GENERAL UNSECURED CLAIMS (from <b>Exhibit 7</b> )	NA	117,868.74	117,868.74	4,340.85
<b>TOTAL DISBURSEMENTS</b>	0.00	183,352.46	178,027.89	64,500.00

4) This case was originally filed under chapter 7 on 07/03/2015. The case was pending for 14 months.

5) All estate bank statements, deposit slips, and canceled checks have been submitted to the United States Trustee.

6) An individual estate property record and report showing the final accounting of the assets of the estate is attached as **Exhibit 8**. The cash receipts and disbursements records for each estate bank account, showing the final accounting of the receipts and disbursements of estate funds is attached as **Exhibit 9**.

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Dated : 09/09/2016

By : /s/ Elizabeth C Berg

Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4 (a)(2) applies.

**EXHIBITS TO  
FINAL ACCOUNT**

**EXHIBIT 1 – GROSS RECEIPTS**

DESCRIPTION	UNIFORM TRAN. CODE 1	AMOUNT RECEIVED
Proceeds from personal injury lawsuits	1142-000	78,500.00
<b>TOTAL GROSS RECEIPTS</b>		78,500.00

1The Uniform Transaction Code is an accounting code assigned by the trustee for statistical reporting purposes.

**EXHIBIT 2 – FUNDS PAID TO DEBTOR & THIRD PARTIES**

PAYEE	DESCRIPTION	UNIFORM TRAN. CODE	AMOUNT PAID
JONATHAN MEEHAN	DEBTORS' EXEMPTION	8100-002	14,000.00
<b>TOTAL FUNDS PAID TO DEBTOR &amp; THIRD PARTIES</b>			14,000.00

**EXHIBIT 3 – SECURED CLAIMS**

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6D)	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
00000	BLUE CROSS BLUE SHIELD OF	4210-000	30,371.87	31,409.60	26,166.67	26,166.67
00000	MARIANJOY REHABILITATION	4210-000	23,088.66	750.00	668.36	668.36
	ADVOCATE HEALTH AND	4210-000	0.00	12,414.97	12,414.97	12,414.97
	ADVOCATE HEALTH CARE	4210-000	0.00	1,396.17	1,396.17	1,396.17
	ADVOCATE MEDICAL GROUP	4210-000	0.00	1,396.17	1,396.17	1,396.17
	HINSDALE ORTHOPAEDIC	4210-000	0.00	11,687.16	11,687.16	11,687.16
<b>TOTAL SECURED</b>			53,460.53	59,054.07	53,729.50	53,729.50

**EXHIBIT 4 – CHAPTER 7 ADMINISTRATIVE FEES AND CHARGES**

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6D)	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
BALDI BERG	3110-000	0.00	5,000.00	5,000.00	5,000.00
BALDI BERG	3120-000	0.00	72.27	72.27	72.27
Elizabeth C. Berg, Trustee	2200-000	0.00	6.00	6.00	6.00
Elizabeth C. Berg, Trustee	2100-000	0.00	3,500.00	3,500.00	3,500.00
ADAMS-LEVINE	2300-000	0.00	9.28	9.28	9.28
ASSOCIATED BANK	2600-000	0.00	634.44	634.44	634.44

**TOTAL CHAPTER 7 ADMIN. FEES  
AND CHARGES**

0.00	9,221.99	9,221.99	9,221.99
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**EXHIBIT 5 – PRIOR CHAPTER ADMINISTRATIVE FEES AND CHARGES**

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6D)	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
NA	NA	NA	NA	NA	NA
<b>TOTAL PRIOR CHAPTER ADMIN FEES AND CHARGES</b>					

**EXHIBIT 6 – PRIORITY UNSECURED CLAIMS**

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6D)	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
NA	NA	NA	NA	NA	NA	NA
<b>TOTAL PRIORITY UNSECURED CLAIMS</b>						

**EXHIBIT 7 – GENERAL UNSECURED CLAIMS**

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6D)	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
000014	CAPITAL RECOVERY V, LLC	7100-000	593.97	1,144.69	1,144.69	42.15
000013	CAPITAL RECOVERY V, LLC	7100-000	0.00	3,438.04	3,438.04	126.62
000012	CAPITAL RECOVERY V, LLC	7100-000	1,387.93	1,412.93	1,412.93	52.03
000011	CAPITAL RECOVERY V, LLC	7100-000	1,982.06	2,061.71	2,061.71	75.93
000010	CAPITAL ONE, N.A.	7100-000	0.00	1,026.28	1,026.28	37.80
000008	AMERICAN INFOSOURCE LP AS	7100-000	125.00	125.00	125.00	4.60
000007	AMERICAN INFOSOURCE LP AS	7100-000	16,966.66	16,966.66	16,966.66	624.85
000006	AMERICAN INFOSOURCE LP AS	7100-000	64,737.41	64,737.41	64,737.41	2,384.14
000005	NAVIENT SOLUTIONS INC.	7100-000	0.00	4,629.99	4,629.99	170.51
000004	NAVIENT SOLUTIONS INC.	7100-000	12,734.69	8,129.21	8,129.21	299.38
000003	SPRINGLEAF FINANCIAL	7100-000	3,800.00	2,830.53	2,830.53	104.24
000002	DISCOVER BANK	7100-000	10,911.47	11,366.29	11,366.29	418.60
<b>TOTAL GENERAL UNSECURED CLAIMS</b>			113,239.19	117,868.74	117,868.74	4,340.85

**FORM 1**  
**INDIVIDUAL ESTATE PROPERTY RECORD AND REPORT**  
**ASSET CASES**

Case No: 15-22996

Case Name: MEEHAN, JONATHAN S.  
 KASTNER, KRISTIN R.

For Period Ending: 09/09/2016

Judge: Donald R. Cassling

Trustee Name: Elizabeth C Berg  
 Date Filed (f) or Converted (c): 07/03/2015 (f)  
 341(a) Meeting Date: 07/27/2015  
 Claims Bar Date: 12/02/2015

1	2	3	4	5	6
Asset Description (Scheduled and Unscheduled (u) Property)	Petition/Unscheduled Values	Est Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	Property Formally Abandoned OA=554(a)	Sale/Funds Received by the Estate	Asset Fully Administered (FA) / Gross Value of Remaining Assets
1. 683 Fieldcrest Drive, Unit B South Elgin, IL 60177	80,000.00	0.00		0.00	FA
2. 629 N. Water Street South Elgin, IL (1/2) interest	45,000.00	0.00		0.00	FA
3. Furnishings of 2 bedroom condominium	300.00	0.00		0.00	FA
4. Clothing for 2 adults	200.00	0.00		0.00	FA
5. USPS Thrift Savings Plan 401k	24,890.54	0.00		0.00	FA
6. Meehan Ventures, LLC d/b/a Nella's Beef 818 McLean	0.00	0.00		0.00	FA
7. 2003 Ford Explorer	1,700.00	0.00		0.00	FA
8. 2011 Nissan Murano	14,000.00	0.00		0.00	FA
9. Proceeds from personal injury lawsuits	110,000.00	83,339.80		78,500.00	FA
10. Tax Refund (u)	3,500.00	0.00		0.00	FA
<b>Gross Value of Remaining Assets</b>					
<b>TOTALS (Excluding Unknown Values)</b>	279,590.54	83,339.80		78,500.00	0.00

Re Prop. #1 Stay lifted per order 7/31/15 [dkt 19]

Re Prop. #2 Stay lifted 10/9/15 [dkt 40]

Major activities affecting case closing which are not reflected above, and matters pending, date of hearing or sale, and other action:

7/5/16: TFR filed 6/20/16. Final hearing scheduled 7/22/16.

May 6, 2016: Trustee reviewed claims

Trustee recovered turnover from lien creditor of funds distributed per order 12/4/15 [dkt 46] whose claim was satisfied outside of bankruptcy estate

Trustee prepared TFR

January 26, 2016: bar date passed

Trustee to review claims and prepare TFR

October 9, 2015: Trustee recovered net settlement proceeds from an insurance claim on account of Debtors' pre-petition automobile accident. Trustee reviewed the validity of liens asserted against the settlement proceeds and filed a

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For Period Ending: 09/09/2016

Judge: Donald R. Cassling

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Date Filed (f) or Converted (c): 07/03/2015 (f)  
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1	2	3	4	5	6
Asset Description (Scheduled and Unscheduled (u) Property)	Petition/Unscheduled Values	Est Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	Property Formally Abandoned OA=554(a)	Sale/Funds Received by the Estate	Asset Fully Administered (FA) / Gross Value of Remaining Assets

motion to allow and pay the valid health care lien claims. The claims bar date expires at the end of December 2015 for governmental units and at the beginning of December for general unsecured claims. Trustee will verify no additional assets available for administration, will conduct a claims review upon expiration of the claims bar date and then will file her TFR.

Initial Projected Date of Final Report(TFR) :06/30/2016

Current Projected Date of Final Report(TFR) : 06/30/2016

Trustee's Signature

/s/Elizabeth C Berg

Date: 09/09/2016

Elizabeth C Berg  
20 N. Clark St., Suite 200  
Chicago, IL 60602  
Phone : (312) 726-8150

Case No: 15-22996

Case Name: MEEHAN, JONATHAN S.  
KASTNER, KRISTIN R.

Taxpayer ID No: \*\*-\*\*6592

For Period Ending: 9/9/2016

Trustee Name: Elizabeth C Berg

Bank Name: Associated Bank

Account Number/CD#: \*\*\*\*\*6518 Checking Account

Blanket bond (per case limit): 5,000,000.00

Separate bond (if applicable): 0.00

1	2	3	4	5	6	7	
Transaction Date	Check or [Refer#]	Paid To / Received From	Description of Transaction	Uniform Trans. Code	Deposits(\$)	Disbursements(\$)	Account/ CD Balance(\$)
07/15/2015	[9]	LAW OFFICES OF SAL INDOMENICO & ASSOC. CLIENT FUNDS ACCOUNT 161 N. CLARK STREET, STE. 2575 CHICAGO ,IL 60601	PERSONAL INJURY SETTLEMENT	1142-000	78,500.00		78,500.00
08/07/2015		ASSOCIATED BANK	Bank Service Fee	2600-000		60.22	78,439.78
09/08/2015		Associated Bank	BANK SERVICE FEE	2600-000		116.60	78,323.18
10/07/2015		Associated Bank	BANK SERVICE FEE	2600-000		112.70	78,210.48
11/06/2015		Associated Bank	BANK SERVICE FEE	2600-000		116.28	78,094.20
12/07/2015		Associated Bank	BANK SERVICE FEE	2600-000		112.36	77,981.84
12/09/2015	1001	BCBS-IL (Blue Cross Blue Shield of IL) c/o Gibson & Sharps 9420 Bunsen Pkwy Suite 250 Louisville ,KY 40220	Health Ins - Subrogation Lien Claim HCSC 8888865-8884098 Jonathan Meehan Allowed, in full satisfaction of claim #1 filed, per Court Order dated 12/4/2015 [dkt 46]	4210-000		26,166.67	51,815.17
12/09/2015	1002	ADVOCATE HEALTH AND HOSPITALS c/o JAME T. GATELY 8233 W. 185TH STREET TINLEY PARK ,IL 60487	HEALTH CARE LIEN Allowed per Court Order dated December 4, 2015 [dkt 46]	4210-000		12,414.97	39,400.20

Page Subtotals

78,500.00

39,099.80

Case No: 15-22996

Case Name: MEEHAN, JONATHAN S.  
KASTNER, KRISTIN R.

Taxpayer ID No: \*\*-\*\*6592

For Period Ending: 9/9/2016

Trustee Name: Elizabeth C Berg

Bank Name: Associated Bank

Account Number/CD#: \*\*\*\*\*6518 Checking Account

Blanket bond (per case limit): 5,000,000.00

Separate bond (if applicable): 0.00

1	2	3	4	5	6	7	
Transaction Date	Check or [Refer#]	Paid To / Received From	Description of Transaction	Uniform Trans. Code	Deposits(\$)	Disbursements(\$)	Account/ CD Balance(\$)
12/09/2015	1003	MARIANJOY, INC 26W171 ROOSEVELT RD WHEATON ,IL 60187	HEALTH CARE LIEN Allowed, in full satisfaction of claim #9 filed, per Court Order dated December 4, 2015 [dkt 46]	4210-000		668.36	38,731.84
12/09/2015	1004	HINSDALE ORTHOPAEDIC ASSOCIATES, S.C. PO BOX 914 LAGRANGE ,IL 60525	HEALTH CARE LIEN Allowed per Court Order dated December 4, 2015 [dkt 46]	4210-000		11,687.16	27,044.68
12/09/2015	1005	ADVOCATE MEDICAL GROUP c/o JAMES T. GATELY 8233 W. 185TH STREET TINLEY PARK ,IL 60487	HEALTH CARE LIEN Allowed per Court Order dated December 4, 2015 [dkt 46]	4210-000		1,396.17	25,648.51
12/09/2015	1006	JONATHAN MEEHAN KRISTIN KASTNER 367 STONINGTON PLACE SOUTH ELGIN ,IL 60177	DEBTORS' EXEMPTION Allowed in full satisfaction of claimed exemptions per Court Order dated December 4, 2015 [dkt 46]	8100-002		14,000.00	11,648.51
01/08/2016		Associated Bank	BANK SERVICE FEE	2600-000		83.00	11,565.51
02/05/2016		Associated Bank	BANK SERVICE FEE	2600-000		17.22	11,548.29
02/16/2016	1007	Adams-Levine 370 Lexington Avenue Suite 1101 Ne York ,NY 10017	2016 Bond Premium	2300-000		9.28	11,539.01
03/07/2016		Associated Bank	BANK SERVICE FEE	2600-000		16.06	11,522.95

Case No: 15-22996

Case Name: MEEHAN, JONATHAN S.  
KASTNER, KRISTIN R.

Taxpayer ID No: \*\*-\*\*6592

For Period Ending: 9/9/2016

Trustee Name: Elizabeth C Berg

Bank Name: Associated Bank

Account Number/CD#: \*\*\*\*\*6518 Checking Account

Blanket bond (per case limit): 5,000,000.00

Separate bond (if applicable): 0.00

1	2	3	4	5	6	7	
Transaction Date	Check or [Refer#]	Paid To / Received From	Description of Transaction	Uniform Trans. Code	Deposits(\$)	Disbursements(\$)	Account/ CD Balance(\$)
05/03/2016		ADVOCATE HEALTH CARE C/O JPMORGAN CHASE BANK, N.A.	REFUND OF CLAIM - OVERPAYMENT Refund of check 1005	4210-000		(1,396.17)	12,919.12
07/19/2016		Trustee Transfer to new account	Transfer of funds to Texas Capital Bank	9999-000		12,919.12	0.00

Page Subtotals 0.00 11,522.95

<b>COLUMN TOTALS</b>	78,500.00	78,500.00
Less: Bank Transfer/CD's	0.00	12,919.12
<b>SUBTOTALS</b>	78,500.00	65,580.88
Less: Payments to Debtors		14,000.00
<b>Net</b>	78,500.00	51,580.88

Case No: 15-22996

Case Name: MEEHAN, JONATHAN S.  
KASTNER, KRISTIN R.

Taxpayer ID No: \*\*-\*\*6592

For Period Ending: 9/9/2016

Trustee Name: Elizabeth C Berg

Bank Name: Texas Capital Bank

Account Number/CD#: \*\*\*\*\*5120 Checking Account

Blanket bond (per case limit): 5,000,000.00

Separate bond (if applicable): 0.00

1	2	3	4	5	6	7	
Transaction Date	Check or [Refer#]	Paid To / Received From	Description of Transaction	Uniform Trans. Code	Deposits(\$)	Disbursements(\$)	Account/ CD Balance(\$)
07/19/2016		Trustee Transfer to new account	Received transfer of funds from Associated Bank	9999-000	12,919.12		12,919.12
07/27/2016	5001	Elizabeth Berg, Trustee 20 N. Clark Street Suite 200 Chicago, IL 60602	Trustee Compensation	2100-000		3,500.00	9,419.12
07/27/2016	5002	Elizabeth Berg, Trustee 20 N. Clark Street Suite 200 Chicago, IL 60602	Trustee expenses	2200-000		6.00	9,413.12
07/27/2016	5003	BALDI BERG 20 N. Clark Street, Ste. 200 Chicago, IL 60602	Final TR Atty Compensation	3110-000		5,000.00	4,413.12
07/27/2016	5004	BALDI BERG 20 N. Clark Street, Ste. 200 Chicago, IL 60602	TR Atty Expenses	3120-000		72.27	4,340.85
07/27/2016	5005	DISCOVER BANK Discover Products Inc PO Box 3025 New Albany, OH 43054-3025	Disb of 3.68% to Claim #000002	7100-000		418.60	3,922.25
07/27/2016	5006	SPRINGLEAF FINANCIAL SERVICES P.O. Box 3251 Evansville, IN 47731-3251	Disb of 3.68% to Claim #000003	7100-000		104.24	3,818.01
07/27/2016	5007	NAVIENT SOLUTIONS INC. Po Box 9640 Wilkes-Barre, PA 18773-9640	Disb of 3.68% to Claim #000004	7100-000		299.38	3,518.63

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12,919.12

9,400.49

Case No: 15-22996

Case Name: MEEHAN, JONATHAN S.  
KASTNER, KRISTIN R.

Taxpayer ID No: \*\*-\*\*6592

For Period Ending: 9/9/2016

Trustee Name: Elizabeth C Berg

Bank Name: Texas Capital Bank

Account Number/CD#: \*\*\*\*\*5120 Checking Account

Blanket bond (per case limit): 5,000,000.00

Separate bond (if applicable): 0.00

1	2	3	4	5	6	7	
Transaction Date	Check or [Refer#]	Paid To / Received From	Description of Transaction	Uniform Trans. Code	Deposits(\$)	Disbursements(\$)	Account/ CD Balance(\$)
07/27/2016	5008	NAVIENT SOLUTIONS INC. Po Box9640 Wilkes-Barre ,PA 18773-9640	Disb of 3.68% to Claim #000005	7100-000		170.51	3,348.12
07/27/2016	5009	AMERICAN INFOSOURCE LP AS AGENT FOR Presence Health PO Box 248838 Oklahoma City ,OK 73124-8838	Disb of 3.68% to Claim #000006	7100-000		2,384.14	963.98
07/27/2016	5010	AMERICAN INFOSOURCE LP AS AGENT FOR Presence Health PO Box 248838 Oklahoma City ,OK 73124-8838	Disb of 3.68% to Claim #000007	7100-000		624.85	339.13
07/27/2016	5011	AMERICAN INFOSOURCE LP AS AGENT FOR Presence Health PO Box 248838 Oklahoma City ,OK 73124-8838	Disb of 3.68% to Claim #000008	7100-000		4.60	334.53
07/27/2016	5012	CAPITAL ONE, N.A. c/o Becket and Lee LLP POB 3001 Malvern ,PA 19355-0701	Disb of 3.68% to Claim #000010	7100-000		37.80	296.73
07/27/2016	5013	CAPITAL RECOVERY V, LLC c/o Recovery Management Systems Corporat 25 SE 2nd Avenue Suite 1120 Miami ,FL 33131-1605	Disb of 3.68% to Claim #000011	7100-000		75.93	220.80
07/27/2016	5014	CAPITAL RECOVERY V, LLC c/o Recovery Management Systems Corporat 25 SE 2nd Avenue Suite 1120 Miami ,FL 33131-1605	Disb of 3.68% to Claim #000012	7100-000		52.03	168.77

Case No: 15-22996

Case Name: MEEHAN, JONATHAN S.  
KASTNER, KRISTIN R.

Taxpayer ID No: \*\*-\*\*6592

For Period Ending: 9/9/2016

Trustee Name: Elizabeth C Berg

Bank Name: Texas Capital Bank

Account Number/CD#: \*\*\*\*\*5120 Checking Account

Blanket bond (per case limit): 5,000,000.00

Separate bond (if applicable): 0.00

1	2	3	4	5	6	7	
Transaction Date	Check or [Refer#]	Paid To / Received From	Description of Transaction	Uniform Trans. Code	Deposits(\$)	Disbursements(\$)	Account/ CD Balance(\$)
07/27/2016	5015	CAPITAL RECOVERY V, LLC c/o Recovery Management Systems Corporat 25 SE 2nd Avenue Suite 1120 Miami ,FL 33131-1605	Disb of 3.68% to Claim #000013	7100-000		126.62	42.15
07/27/2016	5016	CAPITAL RECOVERY V, LLC c/o Recovery Management Systems Corporat 25 SE 2nd Avenue Suite 1120 Miami ,FL 33131-1605	Disb of 3.68% to Claim #000014	7100-000		42.15	0.00
08/03/2016		Texas Capital Bank Treasury Management Operations 2350 Lakeside Blvd Richardson,TX 75082	Bank Service Fee	2600-000		15.00	(15.00)
08/04/2016		Texas Capital Bank	Service Charge Refund	2600-000		(15.00)	0.00

Page Subtotals 0.00 168.77

COLUMN TOTALS	12,919.12	12,919.12
Less: Bank Transfer/CD's	12,919.12	0.00
<b>SUBTOTALS</b>	<b>0.00</b>	<b>12,919.12</b>
Less: Payments to Debtors		0.00
<b>Net</b>	<b>0.00</b>	<b>12,919.12</b>

All Accounts Gross Receipts:	78,500.00
All Accounts Gross Disbursements:	78,500.00
All Accounts Net:	0.00

TOTAL-ALL ACCOUNTS	NET DEPOSITS	NET DISBURSEMENTS	ACCOUNT BALANCE
*****6518 Checking Account	78,500.00	65,580.88	

Case No: 15-22996

Case Name: MEEHAN, JONATHAN S.  
KASTNER, KRISTIN R.

Taxpayer ID No: \*\*-\*\*6592

For Period Ending: 9/9/2016

Trustee Name: Elizabeth C Berg

Bank Name: Texas Capital Bank

Account Number/CD#: \*\*\*\*\*5120 Checking Account

Blanket bond (per case limit): 5,000,000.00

Separate bond (if applicable): 0.00

1	2	3	4	5	6	7	
Transaction Date	Check or [Refer#]	Paid To / Received From	Description of Transaction	Uniform Trans. Code	Deposits(\$)	Disbursements(\$)	Account/ CD Balance(\$)
			*****5120 Checking Account		0.00	12,919.12	
			<b>NetTotals</b>		78,500.00	78,500.00	0.00